

DECLARATION BY THE INVENTOR(S)

As a below-named inventor(s), I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL COMPOUNDS TO TREAT DIABETES AND ASSOCIATED CONDITIONS

the specification of which:

- ☐ is attached hereto.
☐ was filed on November 8, 1999 as Application Serial No. 09/436,047.
☐ was described and claimed in PCT International Application No. _____
 filed on _____ and as amended under
 PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

| U.S. SERIAL NO. | FILING DATE | STATUS |
|-----------------|-------------|---|
| _____ | _____ | <input type="checkbox"/> Pending <input type="checkbox"/> Issued <input type="checkbox"/> Abandoned |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full name of inventor: Partha Neogi

Inventor's signature: *Partha Neogi*

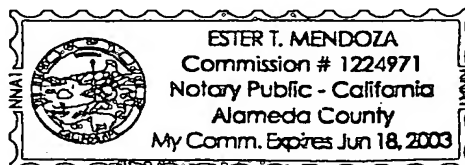
Date: 01/31/2000

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Citizen of: India

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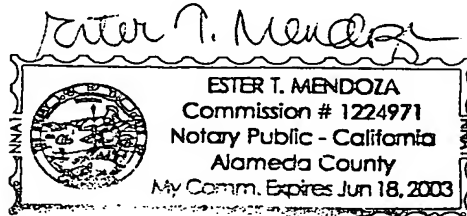
Partha Neogi



DECLARATION BY THE INVENTOR(S) (CONTINUED)

Full name of inventor: Bishwajit NagInventor's signature Bishwajit NagDate: Jan 31, 2000Residence: Fremont, CaliforniaCitizen of: IndiaPost Office Address: 34353 Eucalyptus Terrace, Fremont, CA 94555Full name of inventor: Frederick J. LaknerInventor's signature F. LaknerDate: Jan 31, 2000Residence: Hayward, CaliforniaCitizen of: U.S.Post Office Address: 29033 Dixon Street, Hayward, CA 94544Full name of inventor: Debendranath DevInventor's signature Debendranath DevDate: Jan 31 '2000Residence: Fremont, CaliforniaCitizen of: IndiaPost Office Address: 34535 Felix Terrace, Fremont, CA 94544Full name of inventor: Satyanarayana MedicherlaInventor's signature M. SatyanarayanaDate: Jan 31, 2000Residence: CUPERTINO Sunnyvale, CaliforniaCitizen of: IndiaPost Office Address: 10134 Tantau Ave., Cupertino, CA 95014

115635.PALI



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

ALAMEDA

ss.

On JANUARY 31, 2000
Date

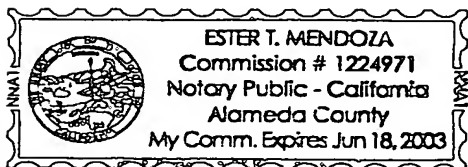
before me, ESTER T. MENDOZA, NOTARY PUBLIC
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared PARTHA NEOGI, BISHWAJIT NAG, DEBENDRANATH DEY, SATYANARAYANA MEDICHERLA & FREDERICK JAMES KAKNER
Name(s) of Signer(s)

☐ personally known to me

☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Ester T. Mendoza
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

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Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney in Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____

| |
|--|
| RIGHT THUMBPRINT OF SIGNER Top of thumb here |
|--|

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT APPLICATION
Inventor(s): NEOGI ET AL

Group-Art Unit: 1614

Examiner: Unknown

Appln. No.: 09 / 436,047

series code ↑ serial no.

Atty. Dkt: PM 277967 / 08948-010001

Filing Date: November 8, 1999

M# / Client Ref.

Title: NOVEL COMPOUNDS TO TREAT DIABETES AND ASSOCIATED CONDITIONS

POWER OF ATTORNEY FROM ASSIGNEE AND REVOCATION OF PRIOR POWERS

Hon. Commissioner of Patents
Washington, D.C. 20231

Sir:

The undersigned, person, whose title is indicated below, is empowered to sign this document on behalf of the assignee of record in the above-entitled patent application. The chain of title from the original owner to the assignee is recorded as follows:

| | | | | | |
|---------|----------------------|--------|--------------|---------|------------------|
| 1. Date | <u>March 9, 2000</u> | , Reel | <u>10702</u> | , Frame | <u>0708-0711</u> |
| 2. Date | _____ | , Reel | _____ | , Frame | _____ |
| 3. Date | _____ | , Reel | _____ | , Frame | _____ |

The undersigned assignee hereby revokes all previous powers and appoints Pillsbury Winthrop LLP, Intellectual Property Group, 1100 New York Avenue, NW, Ninth Floor, Washington, DC 20005-3918, telephone (202) 861-3000 (to whom all communications about this application are to be directed), and the below named persons (of the same address), individually and collectively, our attorneys to prosecute this patent application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent:

| | |
|--------------------|-------|
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CALYX THERAPEUTICS INC.

Assignee

By Somesh Sharma
Name:
Title:

2.05.2001

Date

Atty/Sec: PNK/MAH